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**\*BIBDATASHEET\***

CONFIRMATION NO. 5568

Bib Data Sheet

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/624,451 | <b>FILING OR 371(c)<br/>DATE</b><br>07/21/2003<br><b>RULE</b> | <b>CLASS</b><br>623 | <b>GROUP ART UNIT</b><br>3734 | <b>ATTORNEY<br/>DOCKET NO.</b><br>021629-000400US |
|------------------------------------|---|---------------------|-------------------------------|---|

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/306,813 11/27/2002  
 which claims benefit of 60/336,967 12/03/2001  
 and claims benefit of 60/364,389 03/13/2002  
 This application 10/624,451  
 is a CIP of 10/306,620 11/27/2002 PAT 7,147,656  
 which claims benefit of 60/336,607 12/03/2001  
 This application 10/624,451  
 is a CIP of 10/306,622 11/27/2002 PAT 7,270,668  
 which claims benefit of 60/336,767 12/03/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 03/02/2004

|  |  |                                   |                                 |                               |                                    |
|--|--|-----------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>24 | <b>TOTAL<br/>CLAIMS</b><br>49 | <b>INDEPENDENT<br/>CLAIMS</b><br>7 |
|--|--|-----------------------------------|---------------------------------|-------------------------------|------------------------------------|

**ADDRESS**

20350

**TITLE**

APPARATUS AND METHODS FOR DELIVERY OF VARIABLE LENGTH STENTS

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|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>3458 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
|--|---|--|